



**State Interagency Council
(SIAC) for Services and
Supports to Children and
Transition-age Youth**

Policies and Procedures

Revised: February 2019

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I. INTRODUCTION

A. Mission and Values

1) Mission Statement

The mission of the SIAC is “Promoting healthy children and transition-age youth across Kentucky: Building a collaborative System of Care to promote children’s and transition-age youth’s social, emotional and behavioral well-being where they live, learn, work and play.”

2) System of Care Values

- Youth- and Family-driven
- Community-based
- Culturally- and Linguistically-responsive
- Trauma-informed
- Recovery-oriented

3) System of Care Guiding Principles

The principles are how the system of care values are operationalized to support children, transition-age youth and families in having access to:

- A comprehensive array of effective, community-based services and supports
- A service planning process that is strength-based and individualized
- Evidence-informed and promising practices
- Services and supports that are delivered in the least restrictive, most normative environments possible
- Partnerships with families and youth
- Effective care management supports
- Developmentally appropriate services
- A continuum of behavioral health promotion, prevention, early identification, intervention, and recovery services and supports
- A system that supports provider accountability and quality improvement tracking
- Protection of their rights
- Services and supports that are provided without discrimination¹

B. History

In the mid-1980's, officials of Kentucky agencies that work with children and transition-age youth began to recognize the lack of programs to serve the seemingly ever-increasing number of children with behavioral health needs. Lacking appropriate treatment alternatives, children were being placed in psychiatric hospitals and costly out-of-state residential programs. Placement out of the child's home community was often necessary, making it difficult for parents and families to stay involved with the child's treatment.

At about the same time, an innovative work entitled "Unclaimed Children: The Failure of Public Responsibility for Children and Adolescents in Need of Mental Health Services" was published. Authored by Jane Knitzer, this monograph

¹ Adapted from Stroul, B., Blau, G., & Friedman, R., 2010

outlined principles and values for the Child and Adolescent Service System Program (CASSP); a comprehensive, community based model of service delivery. Kentucky leaders were anxious to create a new service delivery system for children with behavioral health needs, and applied to the Robert Wood Johnson Foundation for funding of a pilot program, incorporating CASSP, in the Bluegrass Region. The pilot, called Bluegrass IMPACT, was a successful demonstration of the use of the core components of the CASSP model, such as individualized service planning, involvement of parents, service coordination, wraparound supports, in-home therapy and non-traditional or creative ways of meeting the needs of children and their families.

Spearheaded by Representative Tom Burch sponsoring successful legislation in the 1990 General Assembly, Kentucky Interagency Mobilization for Progress in Adolescent and Child Treatment (IMPACT) was created. The new law established the State Interagency Council for Services to Children with an Emotional Disability (SIAC), as well as the Regional (RIACs) and Local Interagency Councils (LIACs) to oversee and carry out the work of IMPACT in all 120 counties of the state. SIAC is a statutorily created body to oversee coordinated policy development, comprehensive planning and collaborative budgeting for the purpose of developing services and supports for children and transition-age youth with or at risk of developing behavioral health needs and their families (KRS 200.501-509). The structure and areas of responsibility for each Council is defined in Kentucky Revised Statutes 200:501-509 **(Attachment A)**.

In 2012, the Secretary for the Cabinet for Health and Family Services charged child-serving agencies with realigning the way behavioral health services and supports for children, transition-age youth and their families were accessed, delivered and reimbursed. In 2013, a SAMHSA grant was awarded to Kentucky for System of Care Expansion. The funding was intended to redesign services to families and children to be more timely, integrated and effective. During this time, Kentucky implemented a state run Health Exchange. Managed Care Organizations providing physical and behavioral health to Medicaid insured individuals in Kentucky were charged with authorizing Targeted Case Management services based upon medical necessity. In 2014, Kentucky established Behavioral Health Service Organizations, RIACs/LIACs no longer carried function of determining serious emotional disability and Senate Bill 200 was signed into legislation. RIAC's purpose changed from gatekeeper of KY IMPACT to operating as the regional locus of accountability for the system of care. SIAC and RIACs increased efforts to strengthen family and youth voice, coordinate services using interagency involvement and collaboration, use community based services, be culturally competent, be outcome based and utilize evidence-based practices. SIAC members signed an interagency agreement recommending that its member agencies embrace a public health approach to children's behavioral health services and support through identification and recognition of how their services and support promote the

well-being of children, youth, and families. SIAC recommended that System of Care values and principles be adopted and used by all SIAC member agencies.

In 2018, legislation was amended to change the name of SIAC to the State Interagency Council (SIAC) for Services and Supports to Children and Transition-Age Youth. Since the original 1990 legislation, SIAC membership has been expanded to include additional agencies that serve children and transition-age youth as well as including a transition-age youth as a voting member.

II. PURPOSE

SIAC is a structure for coordinated policy development, comprehensive planning, and collaborative budgeting for services and supports to children and transition-age youth with or at risk of developing behavioral health needs and their families (per KRS 200.501). A "Child with an emotional disability" means a child or transition-age youth with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and seriously limits a child's capacity to function in the home, school, or community. A "Child with a serious emotional disability" means a child or transition-age youth with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and that: (a) Presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: "Self-care," defined as the ability to provide, sustain, and protect his or herself at a level appropriate to his or her age; "Interpersonal relationships," defined as the ability to build and maintain satisfactory relationships with peers and adults; "Family life," defined as the capacity to live in a family or family type environment; "Self-direction," defined as the child's ability to control his or her behavior and to make decisions in a manner appropriate to his or her age; and "Education," defined as the ability to learn social and intellectual skills from teachers in available educational settings; (b) Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact; (c) The Department for Community Based Services has removed the child from the child's home and has been unable to maintain the child in a stable setting due to behavioral health needs; or (d) Is a person under twenty-one (21) years of age meeting the criteria of paragraph (a) of this subsection and who was receiving services prior to age eighteen (18) that must be continued for therapeutic benefit (per KRS 200.503).

III. MEMBERSHIP and APPOINTMENT

A. Qualification

- 1) Per KRS 200.505, SIAC shall be composed of the following:

- Commissioner of Department for Community Based Services
 - Commissioner of Department of Juvenile Justice
 - Commissioner of Department for Public Health
 - Commissioner of Department for Behavioral Health, Developmental and Intellectual Disabilities
 - Commissioner of Department for Medicaid Services
 - Executive Officer of the Department of Family and Juvenile Services of the Administrative Office of the Courts
 - Commissioner of Department of Education
 - Director of the Division of Family Resource and Youth Services Centers
 - Executive Director for the Office for Children with Special Health Care Needs
 - Chair of the Subcommittee for Equity and Justice for All Youth of the Juvenile Justice Advisory Board
 - Executive Director of the Kentucky Housing Corporation
 - Executive Director of the Kentucky Office of Vocational Rehabilitation
 - President of the Council on Postsecondary Education, or their designees, and
- 2) Per KRS 200.505, the chairperson of the council shall appoint one (1) parent of a child or transition-age youth with a behavioral health need, who is a consumer of services and supports within the system of care to serve as a member of the council, and one (1) parent who meets the same criteria to serve as the parent member's alternate to serve in the absence of the parent member. For each appointment to be made, the State Interagency Council for Services and Supports to Children and Transition-Age Youth shall vote on nominations submitted by members. The nominee receiving the most votes shall be appointed. Appointees shall serve a term of two (2) years and may be reappointed to additional two (2) year terms. If the child or transition-age youth of the parent member or alternate parent member ceases to be a consumer of services and supports within the system of care during the term of appointment, the member shall be eligible to serve out the remainder of the term of appointment. The alternate parent member may attend and participate in all council meetings but shall vote only in the absence of the parent member.
- 3) Per KRS 200.505, the chairperson of the Council shall appoint one (1) youth between the ages of sixteen (16) and twenty-five (25), who has a behavioral health disorder and who is receiving or has received services to address mental health, substance use, or co-occurring mental health and substance use disorder, to serve as a member of the council.
- I. A youth who meets the same criteria shall serve as the youth member's alternate and may participate in all council meetings but shall vote only in the absence of the youth member.
 - II. Appointees shall serve a term of two (2) years and may be reappointed to additional two (2) year terms; and shall be eligible to serve out the remainder of the term of appointment regardless of age.

- 4) Per KRS 200.505, the chairperson of the council shall appoint one (1) member of a nonprofit family organization representing consumers of services and supports within the system of care whose membership, leadership, and governance include parents, primary caregivers, or children or transition-age youth with serious emotional, behavioral, or mental health needs, to serve as a member of the council. For each appointment to be made, the Chair shall publicly post on the State Interagency Council for Services and Supports to Children and Transition-Age Youth web site a solicitation for letters of interest from qualified organizations and submit all qualified responses to a vote of the full membership. The family organization which receives the most votes shall designate a representative to serve a term of two (2) years, and may be reappointed to additional two (2) year terms.

- I. Clarification of family organization: In order to serve on SIAC, the non-profit family organization shall have parents and/or primary caregivers of children and transition-age youth with serious emotional, behavioral, or mental health needs as a significant percentage of its leadership and governance.
- II. The family organization member shall receive no compensation in addition to that which they may already receive as a service provider or state employee who is required to attend as part of their duties, but shall be reimbursed for expenses incurred through the performance of their duties as council members if it is outside the scope of their job duties.

See **Attachment B** for SIAC Organizational Chart

- 5) Adding Members to SIAC

The SIAC may choose to include the non-voting membership of any other agency/entity that provides services and supports to children and transition-age youth with a behavioral health need upon a unanimous vote of the membership. To become a voting member, the SIAC must pursue either an Executive Order from the Governor or statutory language change.

- 6) SIAC Designees

Each SIAC Member (including Commissioners, Executive Directors, Directors, Executive Officers, Presidents, Directors or Chairs) shall appoint one (1) consistent designee to represent him or her in the event he/she cannot attend a meeting. The appointment of the designee shall be in writing (electronic communication is acceptable). A designee will have the full rights and responsibilities of the official member. The attending designee shall update their respective agencies and entities of SIAC business. It is encouraged that in the event that the Member or Designee cannot attend, a non-voting representative of their agency/entity will attend. In this case the representative will not be considered when determining a quorum for a vote. The SIAC Members (including Commissioners, Executive Directors, Directors, Executive Officers, Presidents, Directors or Chairs) are required to attend, at minimum, the Commissioner-level meetings, which are held quarterly.

B. Ethical Principles

Each Council member is bound by the ethical guidelines within their respective agency. In Council proceedings the membership will adhere to the Ethical Guidelines of the Executive Branch Boards and Commissions.

C. Meetings

- 1) The Council shall meet at least monthly (KRS 200.505).
- 2) Regular meetings of the Council shall be held on the fourth Wednesday of each month with the exception of November and December when alternate meeting dates will be set by the SIAC to accommodate the holidays. Any member may request a change in the meeting date or time. The Council will approve or deny the request. If approved, the change in date or time must meet Open Meetings requirements outlined in KRS 61.810. In the event of inclement weather, the SIAC Executive Committee will make a determination of whether to hold or cancel the meeting; the SIAC Administrator will send a cancellation notice via email should the Executive Committee decide to cancel the meeting.
- 3) Notice of the open meeting schedule will be shared with Council members and others on the email distribution list as well as posted on the SIAC website.
- 4) Meetings are subject to the Kentucky Open Records Law (KRS 61.870 – 61.884) and the Kentucky Open Meetings Law (KRS 61.800 – 61.850) (see **Attachment C**). Meeting minutes will be posted on the SIAC website.
- 5) Pursuant to KRS 61.810 - 61.850, council meetings shall be open to the public, with the exception of closed/executive sessions, which deal with case consultation, grievances or personnel issues. Executive sessions are restricted to voting members, and staff at the discretion of the Chair.
- 6) A reasonable period shall be set aside at all meetings of the Council for members of the public to address the Council. Members of the public shall be permitted to propose "new business" for the next meeting of the Council. Subject to veto by the Council, such new business shall be placed on the next Council meeting agenda.

D. Quorum/Vote/Executive Committee

- 1) A quorum of the Council shall exist if 55% or more of the voting members are present. If a Council membership is vacant, that membership will not be counted in the quorum.
- 2) Each council member or designee shall have the authority of one (1) vote. These members will have the right to vote on each matter submitted to a vote by the Council. Unless otherwise indicated (e.g. adding a new member) a simple majority of votes will determine the decisions of the Council per the current Roberts Rules of Order. A Council member or their designee shall abstain in any matter involving a conflict of interest for that member.
- 3) An Executive Committee, comprised of the Chair, Vice Chair, Chair Elect, and the SIAC Administrator, will make any other decision concerning the

affairs of the Council in the interim between properly called meetings of the Council. SIAC members and their designees will be notified of the action at the subsequent SIAC meeting.

E. Powers

The Council shall have all of the powers vested in it by virtue of Kentucky Statute, Regulation and these policies and procedures, together with any other reasonable and necessary powers to carry out the purposes of the Council. The Council may commit the Council, but not the state of Kentucky or any member/agency, concerning any matter within the purpose of the Council.

F. Amendment of Policies and Procedures

These policies and procedures may be amended by the Council by a majority vote by the Council. Any potential changes to the policies and procedures must be submitted at a regularly scheduled SIAC meeting for review by all members with a vote to be taken at a subsequent meeting.

G. Compensation

- 1) No member or designee of the SIAC may receive compensation other than that received as an employee, except that the parent and youth members or alternates shall be reimbursed for all expenses incurred through the performance of their duties as council members if it is outside the scope of his or her job duties (KRS 200.505).
- 2) Travel expenses of SIAC members are paid by the representative's or designee's agency.
- 3) SIAC Parent and Youth Member(s) and Alternate(s) Support Allocation: SIAC parent member, parent alternate, youth member, and youth alternate will receive a \$50 stipend for each SIAC meeting they attend as well as reimbursement for childcare expenses, lodging, mileage reimbursement, etc.

IV. OFFICERS

A. Calendar Year; Terms

- 1) The Chair shall serve for two (2) years or until such person ceases to be qualified to serve as the Chair. In the event that the Chair is unable to attend a meeting, the Chair's alternate will serve as Vice Chair.
- 2) The Chair shall hold office until his or her successor has been duly appointed, as set forth below.
- 3) The position of SIAC Chair rotates among agencies every two (2) calendar years on January 1st. Rotation is done in the following sequence:

<u>Partner</u>	<u>Year</u>
Department of Education	2017
Department for Community Based Services	2019
Youth Member	2021
Office for Children with Special Health Care Needs	2023
Family Organization	2025

<i>Subcommittee for Equity and Justice for all Youth</i>	2027
<i>Family Resource and Youth Services Centers</i>	2029
<i>Department of Juvenile Justice</i>	2031
<i>Kentucky Housing Corporation</i>	2033
<i>Parent Representative</i>	2035
<i>Office of Vocational Rehabilitation</i>	2037
<i>Department for Medicaid Services</i>	2039
<i>Department for Public Health</i>	2041
<i>Council on Postsecondary Education</i>	2043
<i>Department for Behavioral Health, Developmental and Intellectual Disabilities</i>	2045
<i>Administrative Office of the Courts</i>	2047
<i>Department of Education</i>	2049

- 4) In the event that the current Chair or their designee, the Vice Chair, is unable to attend the meeting, the Chair Elect will assume the role. The Chair Elect will also serve as a member of the SIAC Executive Committee.

B. Duties of Chair

The Chair shall:

- 1) Be the parliamentary chair of the Council. It shall be the duty of the Chair to preside over all meetings of the Council, and, subject to the control of the Council, to supervise and control all of the business affairs of the Council.
- 2) Be an ex-officio member of all ad hoc committees/workgroups. The Chair shall see that all motions and resolutions of the Council are carried out.
- 3) Ensure compliance with KRS 200.505
- 4) Develop the agenda for such meetings in consultation with the SIAC Administrator.
- 5) Appoint the chairs of all standing committees and ad hoc committees/workgroups and be the one to whom these chairs are responsible.
- 6) Have such other authority and duties as may be designated by the Council.
- 7) Ensure that the annual recommendations to the Governor and the Legislative Research Commission regarding the provision of services and supports for children and transition-age youth with or at risk of behavioral health needs are approved by August and submitted by September 1.
- 8) Appoint parent and youth members to the regional interagency councils. RIACs shall submit applications to the SIAC Chair for appointment.

V. STAFF TO THE SIAC

The SIAC Administrator carries out the work and directives of the Council with support from other Department for Behavioral Health, Developmental and Intellectual Disabilities staff.

A. SIAC Administrator Duties

SIAC Administrator duties shall include, but not be limited to:

- 1) Ensuring necessary support to the standing committees of the SIAC as well as ad hoc committees and workgroups;
- 2) Sharing updated contact information and meeting attendance of RIAC/LIAC representatives and Local Resource Coordinators with SIAC members, as requested;
- 3) Representing the interest of the Council on committees, advisory groups, etc. that promote children's social, emotional and behavioral health, and the principles of System of Care ;Providing technical assistance to SIAC/RIAC/LIAC members as well as others who work within the System of Care;
- 4) Ensuring and supporting a process for clear and ongoing bi-directional communication between SIAC and the RIACs to enhance communication and continuous quality improvement;
- 5) Ensuring that all SIAC members receive system of care and SIAC orientation;
- 6) Preparing draft agendas in consultation with the chairperson;
- 7) Preparing correspondence for signature of the chairperson;
- 8) Conducting periodic reviews of the SIAC policy and procedures; and
- 9) Conducting periodic site visits during RIAC meetings.

B. Additional Administrative Support

Additional administrative support shall be provided by DBH staff that shall include:

- 1) A record of attendance and minutes of meetings;
- 2) Arrangements and preparation for meeting rooms;
- 3) Providing information and assistance to standing committees and ad hoc committees/workgroups;
- 4) Analysis of pending legislation and current policy and program issues related to behavioral health (mental health/substance abuse); and
- 5) Preparation of special reports including materials pertinent to SIAC business and ensuring continuous quality improvement is supported through information to and from the RIACs and the SIAC.

VI. COMMITTEES

A. Appointments

The Chair, in consultation with the Council, shall appoint all chairs and approve members of all standing committees and ad hoc committees/workgroups of the Council.

B. Standing Committees and Ad Hoc Committees/Workgroups

- 1) The Council shall approve by majority vote to establish or dissolve a standing committee.
 - a) The standing committees shall have the authority to make decisions only as may be specifically assigned by a majority of a quorum of the Council at a properly called meeting of the Council.

- b) Standing Committee Chair shall be responsible for presenting to SIAC the activities of the committee at least quarterly.
 - c) Standing Committee Staff shall be responsible for keeping minutes of committee meetings and forwarding those to the SIAC Administrator.
 - d) Standing Committee Chair and Staff shall work together to prepare an agenda for each meeting.
- 2) The chairperson of the Council shall have the authority to appoint ad hoc committees and/or workgroups for a special purpose. The ad hoc committees/workgroups will not be standing committees but will dissolve upon completion of their mission.
 - 3) Members of standing committees, ad hoc committees and workgroups may be any persons deemed necessary to carry out the Council's purpose.

C. Removal

The chair or any member of any standing committee or ad hoc committee/workgroup may be removed for willful misconduct by a majority of a quorum of the Council at any time at a properly called meeting of the Council.

VII.REGIONAL INTERAGENCY COUNCILS (RIACs)

A. Purpose

RIACs operate as the regional locus of accountability for the system of care, providing a structure for coordination, planning and collaboration of services and supports at the local level to children, adolescents, and transition-age youth and their families to help them function better at home, in school, in the community and throughout life. There are a total of 18 RIACs across the Commonwealth.

B. Membership

The RIACs are chaired by one (1) member, chosen by a majority vote of the members. Other members legislated to participate on the RIACs include:

- The children's services director from each regional community mental health center (CMHC) or their designee;
- A court designated specialist or court-designated worker chosen by the executive officer of the Department of Family and Juvenile Services of the Administrative Office of the Courts;
- A special education cooperative representative with behavioral health experience chosen by the directors of the cooperatives in the area served by the regional council;
- A parent of a child with a behavioral health need who is or has been a consumer of system of care services and supports;
- A transition-age youth who has a behavioral health disorder and who is receiving or has received a service to address mental health, substance use or co-occurring mental health and substance use disorder;
- One representative from each of the Department of Juvenile Justice, family resource and youth services centers, the Kentucky Office of Vocational

Rehabilitation, the Department for Community Based Services and local health departments; and

- Any other local public or private agency that provides services and supports to children and transition-age youth with behavioral health needs which a RIAC may invite to become a permanent or temporary member of the council.

Collaboration with any other local public or private agency that provides services and supports to children and transition-age youth with behavioral health needs is encouraged.

C. Staff to the RIACs

Each RIAC is staffed by the Local Resource Coordinator (LRC) who provides support to the RIAC Chair and coordinates the work of the RIAC. The LRC is not the chair nor a voting member of the RIAC.

D. Meetings

Meetings are subject to the Kentucky Open Records Law (KRS 61.870 – 884) and the Kentucky Open Meetings Law (KRS 61.800 – 61.850). (see **Attachment C**)

- 1) Council meetings shall be open to the public, with the exception of closed/executive sessions which deal with case consultation, grievances or personnel issues. Executive sessions are restricted to voting members, and staff at the discretion of the Chair. (KRS 61.810)
- 2) A reasonable period shall be set aside at all meetings of the Council for members of the public to address the Council. Members of the public shall be permitted to propose "new business" for the next meeting of the Council. Subject to veto by the Council, such new business shall be placed on the next Council meeting agenda.

E. Duties of SIAC to RIACs

SIAC is in a governing role over RIACs/LIACs. Governance is defined as decision making at a policy level that has legitimacy, authority and accountability². According to KRS 200.505, the SIAC shall:

- 1) Direct each RIAC to:
 - a) Operate as the regional locus of accountability for the system of care for children; and
 - b) Participate in family accountability, intervention, and response (FAIR) teams.
- 2) Assess the effectiveness of regional councils in serving as the locus of accountability for the system of care for children and transition-age youth with or at risk of behavioral health needs.

The SIAC shall, with assistance from the SIAC Administrator, ensure periodic reviews of the policies and procedures (SIAC and RIACs).

The SIAC and RIAC Administrators will make periodic site visits to RIAC meetings to ensure RIACs are following and periodically updating their regional

² Pires, S. (1995). Definition of governance. Washington, DC: Human Service Collaborative.

action plans. The RIAC Administrator will use information gleaned from these visits to provide a summary report to SIAC monthly. This summary report will list each RIAC's area of focus, overview of activities, challenges and needs.

F. Duties of RIACs

KRS 200.509 outlines responsibilities of the RIACs.

RIACs shall perform the following functions:

- Conduct regional system of care planning and operations
- Coordinate system-level continuous quality improvement
- Identify and develop system of care expansion opportunities
- Promote awareness of the system of care
- Initiate and adopt interagency agreements as necessary for providing services and supports to children and transition-age youth with or at risk of behavioral health needs by the agencies represented in the regional council
- Advise the state interagency council regarding the system of care within the region
- Participate in family accountability, intervention, and response (FAIR) teams established pursuant to KRS 605.035.

G. Local Interagency Councils

Per KRS 200.509, local interagency councils (LIACs) for the system of care may be formed at the discretion of a regional interagency council to advance the functions of the regional interagency council at the city, county, or other local community level.

VIII. SIAC INITIATIVES

A. Interagency Collaboration

SIAC shall be available to assist in interagency development of policies and procedures, prevention and promotion, resource development and consultation. Examples of this may include: development of a clinical pathway for children with autism; a procedure for transitioning youth with Developmental and Intellectual Disabilities and Acquired Brain Injury who also have emotional disabilities from hospital or residential placements to adult community placements; family initiatives; enhancement of the provision of services to children with mental health and/or substance use disorders within the educational system; etc.

IX. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

Attachment D outlines HIPAA Policies and Procedures of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities. As SIAC is administratively a part of the DBHDID, these HIPAA compliant policies have been modified to include the work of the SIAC.

X. ANTI-DISCRIMINATION

The SIAC, RIACs and LIACs shall not discriminate in any regard with respect to race, color, creed, national origin, age, religion, marital status, sex, disability or sexual orientation.

XI. Minutes of Meetings

Minutes of meetings constitute proper documentation of essential agency transactions and organizational functions, as required in KRS 171.640.

Boards, commissions, councils, task forces, etc., that were established by statute or Executive Order, or that establish or administer policy are examples of entities for which minutes should be created. **One** copy of each set of minutes should be retained permanently in the agency and **one** copy should be forwarded to the State Archives after each meeting, as specified in the *General Schedule for State Agencies*.

Miscellaneous Records

Recordings of meetings from which minutes are prepared are retained for 30 days after the minutes have been transcribed and approved by the appropriate authority.

Approved by:

State Interagency Council (SIAC) for Services and Supports to Children and Transition-age Youth

Date: February 27, 2019

Attachment A: KRS 200: 501-509

Attachment B: SIAC Organizational Chart

Attachment C: Kentucky Open Records and Open Meetings Law

Attachment D: HIPAA Policies and Procedures